

Testimony in support of S.B. 911, An Act Concerning Medicaid Reimbursement for Community Health Workers

Human Services Committee
James Bhandary-Alexander and Elena Sokoloski
February 21, 2023

Senator Lesser, Representative Gilchrest, and members of the Human Services Committee,

My name is Elena Sokoloski, and I'm a law student at Yale in our Medical-Legal Partnership clinic. I am here with our legal director, James Bhandary-Alexander, to testify in support of SB 991, An Act Concerning Medicaid Reimbursement for Community Health Workers.

Our clinic works with the Transitions Clinic Network, which operates in New Haven, Bridgeport, and East Hartford. Transitions is an evidence-based model with locations across the country that provides patient-centered primary care for people with chronic illnesses who are returning home from incarceration. Central to this model is the work of community health workers who have their own lived experience with incarceration.

The importance of our community health workers cannot be overstated. Community health workers connect with folks prior to release to establish a relationship and begin to understand what each individual needs to successfully reenter. They are the bridge between the inside and the outside: They help clients see that they will be able to access the services they need at Transitions without judgment, and use their own stories to inspire and encourage.

We know that CHWs work because we see it in our clinic, but this is corroborated by dozens of studies showing that CHWs help increase preventive care utilization,¹ decrease emergency care,² and control healthcare and other costs³ - and studies on Transitions show significant savings in costs for reentering Transitions clinic members compared to people who received care elsewhere.⁴

This bill is an excellent first step, and as written, will help our CHWs support people who have been released. However, it won't support the work they do inside prisons because it doesn't challenge the Medicaid Inmate Exclusion Policy (MIEP). The MIEP is a federal law from 1965 that prohibits states from using Medicaid funds for services delivered to an "inmate of a public institution," including people detained pre- and post-conviction in jails and prisons. However, states may request permission to waive this policy - and such requests are increasingly common.

In October 2021, Montana requested permission to provide incarcerated people with care management services 30 days prior to their release from state prison. These services would be delivered by a community health provider with "particular expertise" in working with justice-involved members, and would include conducting care needs assessments, developing a transition plan for receiving

¹ Roland, Milliken, Rohan, DeGroff, White, Melillo, Rorie, Signes, and Young. Use of Community Health Workers and Patient Navigators to Improve Cancer Outcomes Among Patients Served by Federally Qualified Health Centers: [A Systematic Literature Review](#). May 2017.

² Enard and Ganeline. [Reducing](#) Preventable Emergency Department Utilization and Costs by Using Community Health Workers as Patient Navigators. November 2013.

³ Fedder, Chang, Curry, and Nichols. [The Effectiveness of a Community Health Worker Outreach Program](#) on Healthcare Utilization of West Baltimore City Medicaid Patients with Diabetes, with or Without Hypertension. 2003.

⁴ Harvey, Busch, Lin, Aminawung, Puglisi, Shavit, and Wang. Cost savings of a primary care program for individuals recently released from prison: [a propensity-matched study](#). April 2022.

community-based health services, making referrals to providers, and connecting beneficiaries to supports that address social determinants of health.⁵

In May 2021, Arizona requested permission to offer basic care coordination to incarcerated people with serious behavioral and physical health conditions and high risk of homelessness, starting 30 days prior to release. Services would include one-on-one case management to help each member secure housing, discharge planning that identifies each person's needs and how they will be met in the community, and referrals to providers (including peer supports) to facilitate continuity of care upon release.⁶

While these requests haven't yet been granted, the Center for Medicaid and Medicare Services indicated in their most recent letter to Arizona that they are "supportive of increasing pre-release services for the justice-involved populations" and "will continue to work with the state on this component of its proposal."⁷

Transitions CHWs are already doing much of what these states have proposed, but unsupported. Connecticut has an opportunity here to join other states leading the nation on effective and innovative care models to support reentry. We urge the committee to consider, alongside the issue of amending the Medicaid state plan to include community health workers, directing DSS to submit a waiver request to CMS to reimburse CHWs for the services they provide to people incarcerated in state prison prior to release.

Thank you for your time, and we are happy to answer any questions that you may have.

Sincerely,

James Bhandary-Alexander and Elena Sokoloski

⁵ State of Montana, Medicaid Section 1115 Demonstration: Healing and Ending Addiction through Recovery and Treatment [Demonstration](#) at 21. October 2021.

⁶ Arizona Health Care Cost Containment System, Housing & Health Opportunities [Waiver Amendment](#) at 12. May 2021.

⁷ [Demonstration Approval Letter](#), Daniel Tsai to Jami Snyder at 11.